The Hampden Hippocrat

APRIL – MAY 1985

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President 1985-1986

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HAMPDEN DISTRICT MEDICAL SOCIETY 1984-1985 SEASON

Annual Meeting

PLACE:	Carriage House - Old Storrowtown Tavern, West Springfield, MA
DATE:	Tuesday, April 23, 1985
BUSINESS MEETING:	6:00 p.m.
SOCIAL HOUR:	7:00 p.m.
DINNER:	7:30 p.m. - Hospital Administrators will be our guests. Spouses are welcome
SPEAKER:	John K. Springer, President, Hartford Hospital
SUBJECT:	The Connecticut DRG Experience

If you must cancel your dinner reservation, call the office before noon on April 23rd. If the cancellation is not made you wil be BILLED for your dinner.

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I shall bring a guest (name) _____

Enclosed is my check for $13.00 per spouse or guest.
Dinner compliments of the Society to all HDMS members.

APRIL - MAY 1985 VOL. XXXXII NO. 3

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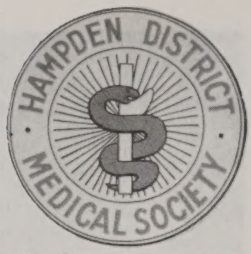

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THE HAMPDEN HIPPOCRAT IS PUBLISHED BI MONTHLY.

THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.

ALL COMMUNICATIONS SHOULD BE ADDRESSED TO CAROL L. NYSTROM, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109: TELEPHONE: 736-0661.

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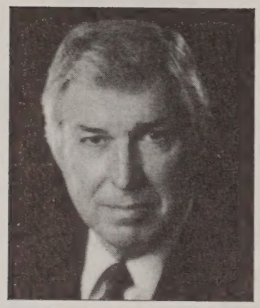

Lorne C. Smith, M.D.
President

PRESIDENT'S PAGE

Medicine as a Profession and a Business

These thoughts are being written on a cross country automobile trip visiting kids and relatives in many parts of the country.

Being a long time observer of the health care scene, my impressions of things heard and seen may be worth passing along.

In much of the country there are probably too many physicians. Hospital capacity exceeds needs almost everywhere. The scramble for patients by both hospitals and physicians has created in many parts of the country chain reaction that detracts greatly from medicine as a profession.

We regularly heard tasteless musical radio advertisements for physicians, HMO's, and hospitals. Many taxi's roof signs, bus ads, and roadside billboards extol the virtues of all sorts of health care activity. These marketing efforts are invariably viewed by those concerned as necessary and proper business activities.

Many hospitals offering care to all find themselves in dire financial difficulties because of imposed reimbursement limits and reduced occupancy. They often face the alternative of closing or being acquired by a large for-profit hospital corporation. When the latter occurs, the new owners quickly change the admission policy to exclude non-paying or low income patients, always justifying these actions as being proper business decisions. The physicians concerned can go along with this or leave.

All of this serves to dimish the image of the physician as a professional in the eyes of both the public and of most physicians.

Here, in Western Massachusetts, we appear to be somewhat behind the rest of the nation in embracing the more unsavory aspects of modern health care competition.
tion.

We probably have about the right number of physicians with no obvious imbalance in specialties. Our hospitals do not turn away patients for economic reasons. Promotion by individuals and institutions has usually been tasteful and informative.

We clearly have excess hospital capacity. There is an increasing demand for prepaid care. The rapidly expanding

HMO activities of Blue Cross-Blue Shield has, with these factors, stimulated an environment in which a competing entity is perceived by many as urgently needed. Most medical staffs, with their respective hospitals, are now exploring mechanisms for offering prepaid care. Many of these ventures may be operating by the time this issue of the Hippocrat is published. It is my opinion that the focus of both the promotion and the professional behavior of physicians in these enterprises should be quality care delivered in an efficient manner. The hoopla and gingoism that I observed on this trip are, at best, silly and serve only to diminish the image, and inevitably the professionalism, of physicians.

We must not let the competitive forces of the business of health care delivery destroy our professionalism as practicing physicians. □

Lorne C. Smith, M.D.
President

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Medical Art History in the Making

In 1986 Springfield will celebrate its 350th Anniversery. In 1936 the Springfield Academy of Medicine received six near life size portraits depicting the role of the physician throughout the history of the city, each illustrating fifty year periods. The six portraits were donated by the relatives, friends and medical societies in memory of thirty six former physicians who all practiced medicine in the city, the earliest beginning in 1848. These portraits hang on the walls of the Academy Library.

The portraits were created by Miss Harriet Ellis who was born in Springfield in 1884, served as Supervisor of Art in the Springfield School system for sixteen years and was a charter member of the Springfield Art League and the Springfield Artists Guild. Her indepth study of the history of medicine is revealed in each portrait beginning with the Clerical Doctor in 1636 to the Modern Doctor in 1936.

The portraits were presented to the Academy of Medicine by the Medical Profession's Committee for the Observance of the Tercentenary of Springfield on May 18th, 1936 at a dinner held by the Academy of Medicine.

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Dr. George L. Schadt, who posed "in body only" for the portraits, addressed the gathering and gave a short biography of each of the six physicians being remembered.

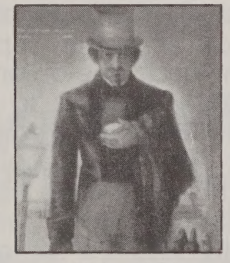
We are now approaching the end of another fifty year period and, hopefully, the Academy of Medicine will be able to continue the portrait collection with the addition of a seventh painting, depicting medicine in 1986. As we all know the advances in medicine over the past fifty years have been overwhelming, and a portrait depicting the present day physician will prove a challange to the chosen artist, whom, I'm sure would be open to suggestions. Several local artists have been interviewed, but the whole project will only be accomplished with the help of the entire medical community.

1636 - 1686

1686 - 1736

1736 - 1786

1786 - 1836



1836 - 1886

1886 - 1936

1936 - 1986

LOOK WHO'S COMING TO DINNER

The Annual Meeting of the HDMS will be the site of SAM's campaign kick off for the Medical Art History in the Making. All six of the above portraits will be on display and a box will be readily available for much needed contributions, as well as suggestions as to how the 1986 physician should be portrayed.

Your contributions will be greatly appreciated. Please make checks payable to the 1986 Physician Portrait Fund. All donations are tax deductable.

Doctors in Hot Water

When I was a kid, somebody tried to convince me that if one put a frog in a shallow pan of water and heated the water slowly enough, the water would be boiling before the frog attempted to jump out, and then it would be too late. I never tried the experiment, but with the heat of court decisions, legislative acts, Blue Shield rules, federal budget proposals, the Federal Reduction Act and even a proposal mandating Medicaid program participants as a condition for physician licensure, the water is getting pretty hot for physicians in private practice.

As Fred Duncan, MD, Mass. Medical Society President, has said, "For the first time in the U.S. human endeavor, the practice of medicine has become regulated as a public utility."

Physicians receive mail from Blue Shield about Chapter 310 and wonder how to match it to the Federal Deficit Reduction Act rules. They hear about Master Health Plus and learn that the Courts equate our practices with Blue Shield as a painter contracts to paint a child's room. MD's admit patients to the hospital after obtaining permission from someone somewhere; they may keep them in the hospital for a preordained time, charging a fixed, out of date fee, treating them with approved medications, and they are allowed to charge for a prescribed number of nursing home visits afterwards.

All this has come about, we're told, because "the people" have mandated it. (The cynical relate this, instead, to the ever enveloping bureaucracy.) Are physicians the ones "out of step", or are the politicians, the regulators and the bureaucrats leading the "consumers" like the Pied Piper of Hamlin? Does anyone care about the patient (we refuse to call them "clients") and not be totally taken with costs? Somehow, the image of the physician must be changed. ("My doctor is wonderful, but those other doctors are out after money, a Mercedes and membership at the club.")

Frustration and hand wringing have to be turned into constructive activity. Through efforts of Medical Societies, Specialty Groups and one-on-one with patients, MD's have to show a genuine united interest and all out concern about quality care and affordable care - not their pocketbooks. Stand with your County and State Society, with the AMA and be counted as an active participant in preserving the voice of medicine. Plan to attend the 1985 Massachusetts Medical Society Leadership Conference April 24 where, among others speaking, Dr. Sanford Marcus will talk about "Fighting Back: A New Role for Doctors." The water is getting pretty hot; it is time for everyone to move. □

W.J. Baker, MD

Merchant Technicians

"I hope that medicine will never become a business." Such was the sentiment if not the actual words of Dr. Harrison Rogers, President Elect of the American Medical Association in response to a question from the audience at the last meeting of the Hampden District Medical Society.

Barely a week later, the New England Journal of Medicine (312 : 579, 1985) featured an article by Steve Freedman, PhD from the University of Florida, recounting his predictions for the future of health care - a future heavily influenced by business. He urged that physicians become involved with the management as well as the delivery of health care before they are excluded from participation in important design and policy decisions by the megacorporate health care delivery system which will take over. He refers also to the burgeoning (incidentally a word that is rapidly becoming number one in the race for "most over used and abused word of the year.") number of physicians, and suggests that the inclusion of Medicare within these megacorporations may ultimately solve the problem — without input from us.

On March 2, 1985 Dr. Tina

continued on next page

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Springfield's Best Kept Secret

Shapleigh, Manager of Clinical and Financial Systems at Tuft, presented Grand Rounds at Baystate Medical Center. She also stressed that one of the major premises in management projects is to link clinical practice to financial management.

At first Dr. Rogers statement seemed incompatible with the latter points of view. I think that most of us have accepted that the way we practiced in the past is unacceptably profligate, that we failed as fiscal fiduciaries and that things have to change. So should efficient business management be our primary goal, should we cling white-knuckled to that cost containment cliff, or is there a place to meld the principles espoused by Drs. Freedman and Shapleigh within our daily practice? I think it would be to our detriment if we abandoned the excellence in professional standards that each of us has striven to achieve, to ride with the tide of the ascendency of management. It would be a shame if we were to become — to coin a phrase used by Dr. Robert Schwartz at Tufts a few years ago — Merchant Technicians, selling our services for money without heed for quality, dancing to the tune of a megacorporation rather than Hippocrates. Although medicine should not become purely a business it is certainly incumbent on us in today's financial climate to learn to be fiscally responsible within the fabric of professionalism.

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Today we are daily beleaguered with admonitions to improve our business acumen, to save more money, to cut costs, to accept smaller fees for greater service, in other words the business of medicine is encroaching with no thought being given to the effect on standards. Someone has to stand up and speak for us because we cannot do it alone. Few of us are skilled in the needed rhetoric or have sufficient knowledge of the legal and political ramifications.

The Medical Society should represent us in attempts to offset these trends. However their responses to critical issues including the bill linking acceptance of Medicaid to licensure has often been lukewarm in its ardor. An encroachment on our professional and personal freedom of this magnitude should be repudiated with the most vigorous outrage. yet we hear that to object would bring more bad press to physicians. Surely the way to promulgate the true image of the medical profession is not to hang our heads and accept whatever curbs the legislature can generate but to actively inform the public of our points of view, that we are equally concerned with costs and quality and are not the materialistic money-grabbing profession so often portrayed.

Other organizations are available or will be available to speak and act for us. Elsewhere in this issue Dr. William Kiss has written to request support for the Association of Private Physicians which speaks for those in private practice. In addition to this a Physicians' Union is forming in Massachusetts. Although as yet unchartered the concept has received considerable support, and Dr. Sanford Marcus who has spearheaded formation of this association will be in Springfield in April. His advocation of the trade unionism for Doctor's (NEJM 311 : 1508, 1984) is well worth review.

Certainly the more advocates we have the more likely is the legislature and the public to understand that we are also concerned with standards and costs and the more likely we are to keep at bay the specter of the Merchant Technician □

Nicholas P. Coe, M.D., FRCS

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Springfield Academy of Medicine Health Sciences Library

The 1984/85 year will mark the beginning of a new era in medical libraryship throughout the state. As the culmination of many meetings starting last spring, Medlink (Mass. Automated Medical Library Network) will be in operation in the near future. It is now being beta tested in the Consortium for Information Resources, an eastern based consortium where all members have the necessary facilities. Fortunately, through the auspices of the Executive Committee of HDMS, the Academy library will have access to Medlink, thus being able to participate in the network, acting as the representative for all of Hampden District. A full day presentation of Medlink, including the equipment and a "hands on" training session, took place at Mercy Hospital March 28th.

This year the third edition of the MasHLiN Union List was published, therby increasing the inter-library loan requests tenfold. We have received requests from hospitals as far away as North Adams and Newburyport.

In March, SAM hosted a meeting of the Western Mass. Health Information Consortium for a day long meeting. Twelve medical librarians from western Mass. hospitals attended.

One sad aspect of this year was the passing of one of the library's staunchest supporters, Dr. John M. Maloney. His devotion and contributions to the Academy throughout the years will be missed. Through the establishment of the John M. Maloney Fund the library will be enriched by the ability to purchase much needed current medical books. We would like to express our gratitude to Mrs. John M. Maloney and her son, Dr. John Maloney for their thoughtfulness and generosity in establishing the fund.

I wish to express my appreciation to the Board of Directors of the Academy for their unstinting support in making this a successful, productive year. I would also like to thank the Executive Committee of the HDMS for their patience and cooperation in making our participation in Medlink possible. □

Margaret Stoler
Library Director

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Hampden District Medical Society Committee Reports

Legislative Update

The past year has again been a busy year for the Massachusetts Medical Society in the legislative area - maybe not too successful but very busy. This report will attempt to bring you up to date on what has transpired and what will be going on in the 1985 legislative session as it pertains to medicine. The main areas will be Blue Cross -Blue Shield, malpractice, and other legislation.

BLUE CROSS - BLUE SHIELD

As you know, Governor Dukakis, filed H. 5808 to ban balance billing after the Medical Society received a favorable ruling from the courts. Later on, on appeal, the courts ruled in favor of the Blues so we essentially lost on both fronts.

As physicians we were all disappointed that the governor filed H. 5808 when there indeed was no urgency because physicians could not balance bill until the appeals process was exhausted. As citizens many of us were concerned from a philosophical point of view that the governor would disregard the system of "checks and balances" established by the authors of our government by taking legislative action to overrule the intent of the courts until final resolution could be achieved through the appeals process.

One favorable outcome of all of this was that the Medical Society's bill (H. 4580) for a study of Blue Cross - Blue Shield was incorporated into the governor's bill. A special commission was established to make an investigation and study the laws relating to Blue Cross - Blue Shield and to evaluate other features and operational characteristics of the two corporations and their impact on the quality and cost of health care services. Representative Robert Howarth (145 Shady Brook Lane, Springfield, MA, 01118) is the only local legislator appointed to this commission.

Late in the legislative session S.2243 (late filed by Senator Edward Burke) was signed into law as Chapter 310 of the Acts of 1984. This bill essentially extended the ban on balance billing for services to Medex recipients. The impact of this bill is very confusing when viewed in conjuction with the provisions of the Federal Deficit Reduction Act. (PL 98-369). The Medical Society attempted to obtain an opinion from the federal government and to learn the implementation plans of the fiscal intermediary, Blue Cross - Blue Shield. Unable to obtain these the Medical Society filed suit in the Supreme Judicial Court seeking to delay the effective date of the statute if it is found to be valid. A request for an unjunction was heard by a justice of the Supreme Judicial Court and was denied. Chapter 310, therefore, became law on March 4, 1985.

continued on next page

MALPRACTICE

Two bills were filed last year by the Medical Society relative to malpractice. One had to do with changing the statute of limitations and the other was directed toward defining an expert witness. Both were referred to the Committee on Joint Rules after being referred to a study committee. Unfortunately, they both died in committee

The Medical Society has spent much time and energy in developing a tort reform package which will be presented to the legislature this year.

The following bills will be heard before the Judiciary Committee on April 1, 1985:

S.1765 *An Act Relative to Non-Economic Damages in Certain Actions Against Health Care Providers.* This bill will limit the amount which may be paid as damages for intangible losses to $250,000. It does not affect reimbursement for lost income or the expenses of medical or hospital care.

S.1070 *An Act Relative to Duplicative Recoveries in Certain Actions Against Health Care Providers.* This bill will prevent payment of damages for illusory losses. Double recoveries will be eliminated without affecting the statutory rights of public and private programs to recover benefits paid to personal injury victims.

S.1069 *An Act Relative to the Qualifications of Witnesses as Experts in Certain Actions Involving Specialists.* This bill wil require medical experts to have a minimal level of expertise when the defendant is a specialist. It does so by mandating that such witnesses be licensed in the U.S. and have practiced medicine for at least three years, in addition to other specialty requirements.

S.1764 *An Act Relative to Regulation of Contingent Fees in Certain Cases Involving Health Care Providers.* Contingent fee agreements currently approved for an attorney's fee of 33⅓% to 50% of the recovery for malpractice claims. The presumptive fee schedule in this bill allows a greater portion of damage awards and settlements to reach the patient without depriving his or her attorney of adequate compensation.

S.1766 *An Act Relative to the Period of Limitations for Certain Actions Involving Health Care Providers.* This proposal estab-

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lishes an outer limit within which claims must be brought. The overwhelming majority of claims can be made in this time period and the specter of indefinite exposure to liability will be eliminated.

S.1763 *An Act Relative to Periodic Payment of Damages in Certain Actions Involving Health Care Providers.* This bill will permit the court to order payment of non-accrued damages in installments over the period during which the losses are expected rather than in a single lump-sum which has been reduced to present value.

S.1746 *An Act to Increase the Medical Malpractice Tribunal Bond.* This act would raise the bond requirement from $2,000 to $5,000.

The following bills will be heard before the Health Care Committee on April 22, 1985:

S.916 *An Act to Require Allocation of Dedicated Funds to the Board of Registration in Medicine.* This bill will commit the fees collected by the Board of Registration in Medicine to the exclusive use of the Board and for the costs incurred in operating the Medical Malpractice Tribunal.

S.917 *An Act to Provide for Reporting of Medical Malpractice Claims to the Board of Registration in Medicine.* This bill requires professional liability insurers to report to the Board of Registration in Medicine information required by the Board relative to payments made on behalf of a physician in a malpractice action.

S.918 *An Act to Encourage Medical Peer Review Activities.* This bill would provide qualified immunity from civil liability to persons who provide information or opinions to a Medical

continued on next page

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Peer Review Committee, and would prevent disclosure of the records of a Medical Peer Review Committee in all cases except where the plaintiff seeks to establish that the informant or the committee acted in bad faith.

Senator Melconian and Representative Howarth both sit on the Judiciary Committee, while only the local representative on Health Care Committee is Representative Catjakis.

The Massachusetts Medical Society has again filed a bill to decrease the percentage by weight of alcohol in determining intoxication. The old bills concerning clinical labs in physicians' offices; administering psychotropic drugs in public schools; establishing a uniform procedure for determining death; modifying the interval for relicensure; and the establishing of fees for workmen's compensation by the rate setting commission have again been filed.

This coming year should be exciting and hopefully, productive. For the society to be effective in seeing these filings come to fruition we will need the support of all physicians. We need you!

Terrence M. O'Neill, M.D.

Baypac

Congratulations are in order to the physicians of Hampden District. We have the largest number of physicians participating in Baypac and we have the second largest percentage of member physicians participating of all the districts in the Commonwealth.

Political action is important! It costs money - but, money talks! Because so many physicians have contributed money and volunteered time in developing a relationship with their legislators, Hampden District is in the forefront in political action. Thanks again! We continue to need your help.

Terrence M. O'Neill, M.D.

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Physician Contacts

The president of Massachusetts Medical Society, Dr. Duncan, has attempted to set up a network of physician-contacts who will have the responsibility of developing a grass roots network between physician constituents and legislators.

Because of the hard work of Carol Nystrom, our executive secretary, Hampden District was the first district society to have enough physicians who volunteered so that each legislator could be assigned to a doctor.

The following is a list of those doctors who have volunteered:

Assigned Physician	Legislator
Lorne C. Smith, M.D.	Senator John P. Burke
Joseph Burke, Jr., M.D.	Senator Linda J. Melconian
Terry D. Ryan, M.D.	Senator Martin T. Reilly
Robert J. Kasper, M.D.	Senator Robert D. Wetmore
Lewis G. Lefer, M.D.	Representative Paul E. Caron
Daniel Dress, M.D.	Representative Athan Catjakis
Terrence M. O'Neill, M.D.	Representative Walter DeFilippi
Garry deN. Hough, III, M.D.	Representative Iris K. Holland
Charles W. Cahill, M.D.	Representative Robert L. Howarth
Leroy Charles, M.D.	Representative Raymond A. Jordan, Jr.
Walter J. Pacosa, M.D.	Representative Kenneth M. Lemanski
Robert J. Kasper, M.D.	Representative William E. Moriarty
Walter J. Pacosa, M.D.	Representative William D. Mullins
William W. Walthall, Jr., M.D.	Representative Steven D. Pierce
Alicia M. Ross, M.D.	Representative Robert J. Rohan
Franco Navazio, M.D.	Representative Anthony M. Scibelli
Gregory A. Slachta, M.D.	Representative Michael P. Walsh

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Medico-Religious Committee

Our committee of six physicians and twelve members of the clergy have met approximately every two months throughout the year.

Reverend Dino Lorenzetti of Buffalo spoke to our September District Meeting of the Hampden District Medical Society. The meeting was well attended and Father Lorenzetti was well received.

Our committee is engaged in preparation of a September 1985 lecture given by Arthur J. Dyck, Professor of Population Ethics, Harvard School of Public Health and Professor at Harvard Divinity School. This lecture will be open to all allied health professionals and will deal with medical ethics.

Our committee submitted to our Executive Committee a request that the Mass. Medical Society recommend to the AMA House of Delegates the reestablishment of the AMA Committee on Medicine and Religion. The December, 1984 meeting of the AMA House of Delegates voted to study this recommendation and report back in 1985.

A number of our committee members were concerned regarding a variety of issues involving Baystate Medical Center. Discussions were carried out on how to implement helping the pastoral care people in their duties at Baystate. There was also discussion regarding the plans for a chapel and meditation rooms at the Center.

Our Committee looks forward to continued interest and participation in respecting the spiritual needs of ourselves and for patients in the next year.

James G. Fitzpatrick, M.D.
Chairman

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Membership Committee

Our annual membership drive was held on January 9, 1985. We mailed a covering letter and brochure to 288 non-member physicians. To date, we have received 11 replies. Of the 11 replies, three physicians have become members. We are now in the process of contacting our other respondents to encourage them to sign up.

On March 19th a Women in Medicine Dinner will be held at Sheraton-West. Dr. Alicia Ross is Chairing this dinner for us. Dr. Barbara Rockett, President-Elect of Mass. Medical Society, will be on hand to encourage our area women physicians to join and participate in their district medical society.

Our society staff is constantly on the alert for new physicians to our area. Should you know of "a new doctor in Hampden District", please give the office a call.

Franco M. Navazio, M.D.
Chairman

Tax Supported Medical Care Committee

There have been no formal meetings of the HDMS Tax Supported Medical Care Committee. Doctors Tauber and Pacosa, as well as Dr. Siragusa, (MMS Vice-President) have regularly attended meetings of the Mass. Medical Society Committee.

DPW payments have become more prompt on routine bills. Other changes (favorable) in DPW behavior have been reported in the press. Physician distrust of DPW continues to affect their availability for Medicaid patients.j

A well researched paper by James F.X. Egan, M.D., completely disproves the alleged impact of the withdrawal from Medicaid of many gynecologists on infant mortality/morbidity.

Respectfully submitted,

Walter F. Tauber, M.D.
Chairman

Scholarship Committee

The Scholarship Committee met and reviewed applications from medical students for financial aid.

Seventeen students received aid from two separate funds. Seven of these students were female.

Requests for sholarship application forms are arriving at the Society office for the 1985/85 school year.

William Coen, M.D.
Chairman

Dr. Max & Ida L. Millman Foundation

Scholarships are also available to medical students through the Dr. Max and Ida Millman Foundation. Seventeen students received funds from this account for the 1984/85 school year.

Generous donations from members and friends of the Millman Family have been received during the year.

William Coen, M.D.
Chaiman

continued on next page

Mediation Committee

The committee successfully mediated disputes between patients and their physicians.

Seven complaints were brought to the attention of the Medical Society for the 1984 calendar year and two cases have been presented to date in 1985.

In past years twenty to twenty-five such cases had been considered by the committee. The significance, if any, of this reduction is unknown.

All cases this year were minor and easily resolved with the cooperation of the involved physicians.

Kenneth M. Frankel, M.D.
Chairman

Medico-Legal Affairs Committee

No Medico-Legal issues have arisen in the past year that required any action by this committee. Personal requests for advice or information have been settled over the telephone.

Lester Frank, M.D.
Chairman

Publications Committee

It has been over a year since the Publications Committee "Troika" has been functioning as the editors of the Society publication. the *Hampden Hippocrat.* We have attempted to report, inform, educate and, occasionaly editorialize on the state of medicine in our county, state and nation in a stimulating, attractive way. We have kept will within our budget, publishing on a bimonthly basis. Look for a larger size magazine this summer with new features and format appropriate to the 1980's. Articles and letters of interest and importance related to the physician and his/her world are welcomed. Thanks to our advertisers who support us - please let them know they are appreciated. We thank Sandy Burkin for keeping the ads coming and to the "two Carols" for their fast mailing of each issue.

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Nicholas P.W. Coe, M.D.
Terry D. Ryan, M.D.

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Health Care Committee

The Health Care Committee is the successor to the Committee on Medicine/Business Coalition. It includes some of the most devoted members of H.D.M.S. as evidenced by their faithful attendance at our bi-monthly meetings. The past year has seen complete re-organization of the Greater Springfield Health Care Coalition, under the Chairmanship of John Gallup. Seventy-five thousand dollars has been raised from the business community and a full-time executive has been hired. An eighteen-person steering committee continues to represent all elements of the health care community except for labor. It reports to a board of overseers made up of the chief executive officers of the twenty-five largest companies in Springfield. The Coalition is still in the self-education and data-gathering phase and has not yet proceeded to action programs. When this translation will occur is uncertain. The Health Care Committee is dedicated to ensuring that cost containment programs do not lower the quality of medical care. The Committee intends to demonstrate to business the community concern of physicians and to remind them of our role as patient advocates.

The Health Care Committee has also concerned itself with the change from PSRO to PRO. Recognizing the more intrusive nature of current review programs, the Executive Committee has authorized the Health Care Committee to collect from H.D.M.S. members evidence of any deleterious effect on the quality of patient care arising from PRO denials. The Committee is currently attempting to develop a format for documenting such cases.

The Committee has reviewed the efforts of M.M.S. and other state medical organizations to improve the legislation governing workers' compensation. At an appropriate time recommendations will be forwarded to the Legislative Committee.

As more third-party payers attempt to restrict physicians' services, I would presume that the Health Care Committee should become a focus for corrective action.

Respectfully submited,
Garry Hough, III
Chairman

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Ad Hoc Committee on Nutrition

The Ad Hoc committee on nutrition has completed its 7th year. My appreciation goes to its members for their availability and their expertise as questions come up from various sources. Finalized postion papers this past year included "SALT INTAKE" which was published in the newsletter.

Papers being worked on at present include *Zinc in Human Nutrition, Parenteral Nutrition in Pediatrics, Diet in Cancer, Fat Content in Fast Foods,* and Some Dietary Recommendations for Lipid Risk Factors.

It has been my privilege to continue to represent Hampden District at the Massachusetts Medical Society Committee on nutrition meetings at the M.I.T. Faculty Club, Cambridge, MA under the Chairmanship of Charles S. Davidson, M.D. His prestigious leadership and distinguished background, has truly advanced the purpose and the respect of the committee during these years.

The Ad Hoc Committee on Nutrition would be most happy to receive suggestions for areas of future activities from members of the Hampden District and would, of course, welcome any members who would like to be on the committee itself.

Respectfully Submitted,
Harrison D. Willcutts, M.D.
Chairman

Ad Hoc Committee on Non-Dues Income

We continue to sponsor trips with INTRAV and have had a total of twenty people booked for various trips during 1984/85. This quarter we are sponsoring the Alaska/Canada Sea & Air Cruise, Scandinavian Adventure, Waterways & French Chateaux and British Isles. We have received "rave notices" from people who have traveled with INTRAV on our trips.

If you are planning a trip this year, please consider INTRAV and Hampden District.

Lewis G. Lefer, M.D.
Chairman

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Executive Committee

The Executive Committee met monthly from September through June. Dr. Lorne Smith, President, presided at the meetings and the agendas were well organized by Mrs. Carol Nystrom, Executive Secretary, in conjunction with the President. Mrs. Vicki Kiss, HDMS Auxiliary President, represented the Auxiliary at the meetings. Monthly membership reports from Mrs. Nystrom were begun this year.

Reports from the MMS Executive Board were given by Dr. J.J. Siragusa, Vice-President of Mass. Medical Society and Dr. Garry deN. Hough, Alternate Councilor to the AMA gave written accounts of AMA Council meetings. Regular reports were received from the Committee on Education and the Library.

The officers and Executive Committee, through "Second Opinion" column in a local newspaper, addressed concerns about the future of health and its costs. The Continental Cablevision TV project has been re-activated. The AMA sponsored fee-freeze was supported for the year.

A Nuclear War resolve spearheaded by Dr. Barnshaw was sent to MMS. At the February, 1985 Council Meeting, a resolution against Nuclear War was approved and financial appropriation was made to send information packets on this topic to all physicians in Massachusetts.

Dr. O'Neill, Legislative Committee Chairman, had frequent contacts with our Hampden legislators including a well-planned breakfast for them on May 18. Dr. Alicia Ross was appointed to replace Dr. O'Neill on the Chamber of Commerce Legislative Steering Committee.

The Executive Committee approved participation in a Computer Show on May 1 at the Springfield Civic Center by having a seminar.

Dr. Alicia Ross was appointed to arrange a dinner for area women in medicine and this was scheduled for March 19 at Sheraton West.

Dr. Bruce Stoler was appointed Chairman of the By-Laws Committee after the resignation of Dr. James Allan.

Investigation by Mrs. Stoler of the Library Committee into the possibility of joining Medlink and obtaining a computer was begun.

All committees and subcommittees functioned well during the year.

Respectfully submitted,
William Walthall, Jr., M.D.
Secretary

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By Laws Committee:

The following changes were made and approved by the membership at the April, 1984 Annual Meeting:
Chapter IV - Meetings and Parlimentary Authority:
4:30 - QUORUM. Twenty-Five members shall constitute a quorum.

Hampden Hippocrat:

7.04 COMMITTEE ON PUBLICATIONS. The committee shall consist of three members of the Society appointed for terms of six years, except that the terms of office for the first committee established under this provision shall be for two, four, and six years respectively. Vacancies occurring other than by expiration of the term shall be filled for the unexpired portion of such term. The members of this committee shall be elected by the Executive Committee and will be designated as Board of Editors of the Hampden Hippocrat.
7.044 MEETINGS & MANAGEMENT. The Board of Editors shall meet as often as necessary, but at least two (2) times a year, to run the financial, editorial, and publications duties involved with each issue of the Hippocrat. They shall share such duties among themselves as they determine. The Board of Editors shall submit an annual report to be sent to the Executive Committee no later than thirty (30) days prior to the annual meeting of the Society and shall be obliged to report to the Executive Committee at other times deemed necessary by the Executive Committee.

Our Bylaws Committee Chairman of many years, James D. Allan, resigned and you will note a new Bylaws Committee Chairman in this byline. Our deepest thanks to Jim Allan for his many years of devoted service.

Bruce B. Stoler, M.D.
Chairman

Public Health Committee

The Public Health Committee vigorously addressed the subject of our area's high infant mortality rates. This problem is also being addressed by many other agencies. We have been cooperating with them in a joint effort to reduce the high rates.

The media and some agencies have distorted the statistics for their own purposes. Our membership should know that the survival statistics from our neonatal ICU at Baystate Medical Center are very good.

The essence of the problems follows the following sequence:

1. Low socioeconomic status -leading to
2. Insufficient prenatal care and high teenage pregnancy rates - leading to
3. High incidence of very low birth weight babies -leading to
4. High mortality rates.

We are working with the public health agencies and giving our input in order to help as much as possible with this difficult problem.

Other subjects which we have discussed are flouridation efforts and the physician's role in informing the public about the impact of nuclear war.

Howard E. Gold, M.D.
Chairman

Education and Library Committee

The Committee on Education and Library is completing the fourth year as a responsible body for the Springfield Academy of Medicine, having met nine times throughout the year.

The CME subcommittee, chaired by Dr. H. David Willcutts has been busy throughout the year, having sponsored fifteen lectures offering CME credits. In January, the Academy was informed that CME re-certification had been extended for four years.

I wish to extend my thanks to Dr. Lorne Smith and the HDMS Executive Committee for their continued support and concern throughout this past year.

Eugene W. Beauchamp, Jr.
Chairman

Auxiliary Committee

There has been no need for an Auxiliary liaison to the Hampden District Medical Society. The President of the Auxiliary has attended the Society's Executive Board meetings for the year 1984-85. The Auxiliary and the Society therefore have been in continuous communication.

William D. Kiss, M.D.
Chairman

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Public Relations Committee

This has been a learning year for your Public Relations Committee Chairman, it being his first year in that position. One meeting of the Public Relations Committe was held, but most of the Public Reltions work occurred outside of the Committee structure. Early in the year it was agreed by myself, our president, Dr. Smith, and Mark Sherman, one of the committee members, that we would be aggressive in our response to newspaper attacks on medicine and the Medical Society and aggressively respond to try to direct the public to our points of view. Dr. Sherman and I responded to the newspapers on several occasions in this manner, but as I became more educated in the world of public relations by my dealings with the Massachusetts Medical Society Public Relations Committee, I began to doubt the wisdom of such public responses, except in special situations.

The remainder of the Public Relations activity on the local level has consisted of assisting Dr. Smith in responses to the press on a variety of issues which have come up over the year, many of which have involved infant mortality rates, Medicaid participation, discrimination by physicians and the like. I have, however, had the pleasure of referring a number of requests from the press for interviews on less inflammatory issues to a variety of physicians in the Medical Society who have particular expertise in the area in question. I am pleased to report that I have been heartened by the gracious acceptance of interviews by reporters by each member of the Society that I have asked to participate.

Being your representative on the Massachusetts Medical Society Public Reltions Committee has been an educational experience. The MMS Public Relations Committee has been working with professional advertising and marketing agencies throughout the past year. The professional advice they have received from these experts has led to quite different public relation approaches than we would naturally tend to attempt. We have watched the marketing and public opinion poll experts feel the pulse of the citizenry of Massachusetts concerning medical issues, and we have

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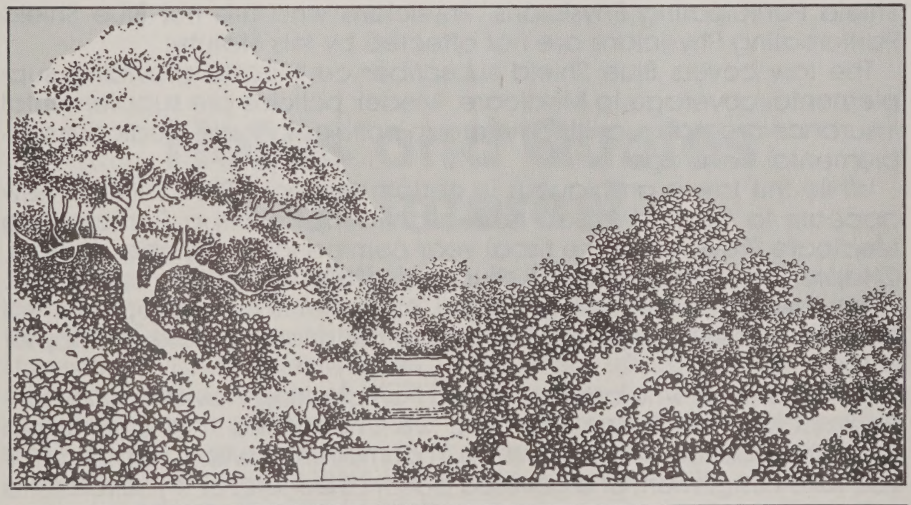
learned from them that, in general, it is extremely difficult to change public opinion which is strongly opposed to your point of view. In order to win the public to your side, you must find issues in which they are either natural or moderately sympathetic to your point of view and work on those issues to gain broader public support. As you may know the image of organized medicine in Massachusetts is not as good as the image of the individual or local groups of physicians throughout the state. Aggressively pursuing losing causes does not enhance that image or help the causes.

Our patients are very cynical of any advertising campaigns or even more distribution of informational pamphlets if it at all appears to be self-serving. The patients do seek ways of developing better relations with us in matters of their personal health and in learning of better ways to use the medical care system. A new advertising radio campaign is being prepared for the Mass Medical Society with these goals in mind. It appears that we must win the patients to our side first, before we can attempt to get their sympathy on some of the hard issues which face both physicians and patients alike.

Terry D. Ryan, M.D.



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Massachusetts Medical Society

March 8, 1985

RE: The Ban on Balance Billing
Statute for Medicare
Supplementary Insurance

Dear Society Member:

In late February, I wrote to you to inform you that the Society has challenged the legality of Chapter 310 of the Acts of 1984, relating to billing of patients who have supplemental Medicare coverage. Last week, the Society's request for an injunction was heard by a Justice of the Massachusetts Supreme Judicial Court. The request for an injunction was denied.

Chapter 310 became effective on March 4, 1985. The Statute is now the law of the Commonwealth, and in full effect. It applies only to Blue Shield Participating Physicians. Physicians who are not Blue Shield Participating Physicians are not affected by this Statute.

The law covers Blue Shield subscriber certificates providing supplemental coverage to Medicare. Medex policies are supplemental insurance programs, and some group policies include Medicare supplemental coverage.

While the law is ambiguous in certain respects, Blue Shield's view appears to be that if you have signed up to be a Participating Medicare Provider for the fiscal year commencing October 1, 1984, Chapter 310 will have no effect upon you, that is, you may continue to render bills for services provided to patients with supplemental Medicare coverage as you did before the effective date of Chapter 310.

For physicians who are Blue Shield Participating Providers *and* Non-Participating Medicare Providers, we understand that Blue Shield takes the position that you will be in compliance with Chapter 310 if you take assignment of a covered patient's benefits *or* if you render a bill which you believe to be in compliance with Chapte 310. In the latter instance, Blue Shield recommends that you advise the patient that, in the event that the Medicare Allowed Charge is determined to be less than your bill, you will make the necessary adjustment or refund.

In short, Blue Shield suggests that you will be in compliance with Chapter 310 if you do one of the following:

(1) Take assignment of the patient's Medicare and Medex benefits; or

(2) Bill the patient directly, charge what you believe to be the Medicare Allowed Charge, and specifically advise the pa-

tient that in the event that the Medicare Allowed Charge is less than your bill, you will make the appropriate adjustment or refund. It may be advisable to include a statement on your bill to the effect that in the event that it is determined that the Medicare Allowed Charge is less than your bill, any excess will be refunded to the patient or credited to the patient's account.

The Society will agrressively continue to challenge the constitutionality of Chapter 310 and will keep you advised of any significant developments. □

Sincerely,
Frederick J. Duncan, Jr., M.D.

*The *Hippocrat* is glad to reprint this letter from Dr. Duncan for wider dissemination of this important information.

Notes and Quotes of Interest

The latest national statistic data compiled state-by-state by the Federal government shows that Massachusetts ranks 6th in the percentage of MD's and DO's who signed participating agreements in Medicare billing. Alabama ranked highest (53.9%) while Massachusetts came in at 47.9%. South Dakota was the lowest at 5.6%!

Americans are healthier today than at any other time in our country's history. For example, 70 years ago about 100 in every 1000 infants died before their first birthday. Today the rate is 11 per 1000.

In 1982, 70 people were killed each day because of alcohol consumption before driving, adding up to 25,600 deaths. Add this to the equivalent of three loaded 747 crashes a day for cigarette related deaths all year, or 340,000 deaths, and the impact of our society's vices becomes painfully visible.

Hearty Congratulations are in order for three members of the HDMS who are celebrating 50 years of membership this year. MD's are Wayne C. Barnes, Joseph Hahn, and I. Daniel Hosman.

continued on next page

AMA Helps States track Physician Licensing Actions

CHICAGO — State licensing boards will be alerted by the American Medical Association when a physician has had a licensure action taken against him or her in other states.

The new procedure will identify physicians who, having been disciplined in one state, may attempt to practice in another jurisdiction where they hold a license. The Association will use its computerized Physician Masterfile to speed communications among licensing bodies.

State boards currently notify the Federation of State Medical Boards (FSMB) in Fort Worth, Texas, of actions they have taken against physicians. The FSMB reports the actions in a monthly summary. Because the FSMB summary lists only the jurisdiction that took the disciplinary action, each state licensing board must review the summary to determine if it has issued licenses to any of the named physicians.

Under the new procedure, the AMA will check the FSMB summary against the Masterfile, and inform each state board by letter when one of its licentiates has had his license revoked, suspended, or limited. The AMA Masterfile is the only data base that can identify all the states in which a physician is licensed.

"This action is being taken in the wake of national disclosures and concerns regarding credentialing abuses," according to James H. Sammons, MD, AMA Executive Vice President. "The AMA is cooperating with the FSMB by providing information to help strengthen the physician credentialing process," Sammons says.

In addition to its collaborative effort with the FSMB, the AMA works with state and federal agencies to identify "physicians" who have obtained their credentials fraudulently, such as individuals who may have picked up the credentials of a deceased physician. Last year, the Association assisted the U.S. Inspector General in investigations of illegal trafficking in medical credentials, and helped the Educational Commission for Foreign Medical Graduates determine the validity of credentials from three schools in the Dominican Republic.

The American Medical Association has recently published the book, "Drinking Water and Human Health" (OP-169). This comprehensive publication contains authoritive papers by well known environmentalists on important topics of current interest in the drinking water field such as water hardness and cardiovascular disease; sodium in drinking water as a factor in hypertension; water quality and dialysis; health effects of inorganic and organic chemicals, and heavy metals; waterborne epidemics; and carcinogens in water.

This new book will definitely be of great interest to physicians and other environmental professionals concerned with the

bacteriological and chemical safety of drinking water supplies.

Copies of the publication may be ordered prepaid for $8.00 each copy from the following source, allowing 4 to 6 weeks for delivery (check or money order should be made payable to the American Medical Association).

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IN MEMORIAM

Ellsworth Twible, M.D.

Dr. Twible died February 3, 1985, at his Longmeadow home. Sixty six years old, he had practiced pediatrics in this area since 1953. A native of Gilbertville, he graduated from Boston University School of Medicine in 1947 and was a resident at Children's Hospital in Washington, D.C. and a fellow at Children's Hospital in Boston. He served as Navy physician during the Korean War and during the 1960's he was a Springfield public school physician. Sympathy is extended to his wife, Patricia, two sons, two daughters, two brothers, one sister, and two grandchildren.

Kenneth S. Fletcher, M.D.

Dr. Fletcher died January 17, 1985 at the Wesson Unit of the BayState Medical Center. He was 87 years old, a lifelong Chicopee resident and the second of three generations of Fletchers who have been Massachusetts physicians. He served in World War I, received his MD from Boston University, and practiced in Chicopee from 1926 to his retirement in 1975, except for a tour as a Navy physician during World War II. Sympathy goes to his wife of 67 years, Lenora, a son, a daughter, a sister, seven grandchildren and 11 great grandchildren.

Letters to the Editor

Dear Editor:

This letter is an opportunity to clarify Baystate Medical Center's MRI (Magnetic Resonance Imaging) application. In our earliest planning efforts we considered the possibility of a free-standing unit, but ultimately concluded that an on-campus unit would best meet the needs of both patients and physicians. The estimates of demand for MRI scans in the region range from 18,000 to 25,000 annually. Initially, the region will be limited, by regulation, to one scanner with an annual operating capacity of around 7,000 scans. While no one knows the exact proportion of scans which will be provided to inpatients of Baystate and other area hospitals as contrasts to ambulatory patients, given that the capacity of the unit will be far less than the estimated demand — and that priority for scans should be determined on the basis of medical need, it is clear that the proponderance of patients will be inpatients. Accordingly, the MRI unit must be located and have the support services necessary to handle sick inpatients. An on-campus location not only obviates the need for and expense of ambulance transport for those Baystate inpatients who require scans, but it also means the unit will be capable of handling sick inpatients from all area hospitals — on a 24 hour basis, when a scan is needed in an emergency. This latter capability is almost impossible to achieve safely, in a free-standing unit.

An on-campus location unit is also supportive of the Medical Center's teaching program, making it easier to give MRI experience not only to radiology residents (who will require such experience beginning in 1986), but also to residents in other specialties who will benefit from understanding the capabilities and limitations of the technology. Finally, the on-campus location obviously strengthens the hospital's trauma center.

While we have proposed that the unit be located on the Springfield campus, it is our intent to operate it as a true regional resource. We have invited each hospital in the region to join, at no expense, our MRI affiliation program. Each affiliating hospital will select one physician to serve on an MRI Clinical Review Committee. It is to assure that priority in scheduling will be on the basis of clinical need, irrespective of whether the patient is ambulatory or an inpatient at Baystate or another hospital.

Members of the Medical Center's Radiology staff, will provide clinical consultation, conferences and seminars on applications of MRI and on the scheduling protocols both at the Medical Center and at each affiliating hospital. We also intend to develop a program of MRI training and clinical experience for board-

certified radiologists of affiliating hospitals. Whenever possible, MRI scans of inpatients of affiliating hospitals will be returned with the patient together with a preliminary report. Finally, any affiliating hospital may, at its own expense, install a remote diagnostic console which will permit direct consultation and viewing of the scan as it occurs and immediate production of hard copy.

I think these provisions assure that the MRI scanner will truly be a regional resource. If you have questions about the scanner or the affiliation program, please feel free to call 787-3333 or 787-5474.

Sincerely,

Robert A. Grugan, M.D.
Chairman, Dept. of Radiology
Baystate Medical Center

PENSION ASSOCIATES, INC.
1243 Main Street
Springfield, Mass. 01103
781-1261

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William R. Massidda
Robert A. Walker
Richard A. Labine

Dear Sir,

The Association of Private Physicians has been advertising for all of us in private practice. They stress freedom of choice, freedom of consultation, non clinic atmosphere, special attention, long term care and all of the other features that make private practice the standard by which all other forms of medical care must be compared. This group is an outgrowth of the Community Based Physicians of Springfield Hospital. It has been in existence over ten years and now includes members of the Departments of Medicine of Baystate and Mercy Hospitals. Close to 70 of its members have taxed themselves $250.00 to run these advertisements.

Each advertisement, however, costs $700.00 to run in the morning and evening newspapers and obviously one small organization cannot defray all the costs. They are now calling on all members of the medical community to pull their fair share in this joint venture. They ask you to give $250.00 now and will follow up on an individual basis in the future. All of you who are not too old to remember what private practice has done for you and your families — and all of you not too young to remember easier times — and those of you who are just apprehensive like the rest of us — contribute.

I urge all of you to make your checks payable to the Association of Private Physicians and send it to:

William D. Kiss, M.D.,
125 Liberty Street
Springfield, MA 01103

Welcome New Members

Timothy M. Lopez, M.D.
759 Chestnut St.
Springfield, MA 01107

BORN:	November 14, 1958
PREMED:	Pomona College 9/76 - 5/80
MEDICAL:	University of New Mexico 9/80 - 5/84
INTERNSHIP:	Baystate Medical Center 7/84 - present time

David T. Lyons, M.D.
759 Chestnut St.
Springfield, MA 01107

BORN:	March 14, 1952
PREMED:	University of Rochester, NY 1970-74
MEDICAL:	University of Vermont College of Medicine 9/74 - 5/78
INTERNSHIP:	BABIES HOSPITAL, Columbia Presbyterian, NY 7/78 - 6/79
RESIDENCY:	BABIES HOSPITAL, NY 7/79 - 6/81
FELLOWSHIP:	BABIES HOSPITAL, NY 7/81 - 6/83 Cornell University Medical College, NY 7/83 - 6/84
SPECIALTY:	NEONATOLOGY/PEDIATRICS

Maurice J. Whalen, M.D.
300 Stafford St.
Springfield, MA 01104

BORN:	December 24, 1949
PREMED:	John's Hopkins University 1968-72
MEDICAL:	S.U.N.Y. Upstate Medical College 1972-76
INTERNSHIP:	Barnes/Washington University St. Louis 7/76 - 6/77
RESIDENCY:	Barnes/Internal Medicine 7/77 - 6/79 Barnes/Opthalmology 7/80 - 6/84
SPECIALTY:	OPHTHALMOLOGY 7/80 - 6/84

Linda Kupferman, M.D.
759 Chestnut St.
Springfield, MA 01107
RESIDENT

BORN:	October 3, 1958
PREMED:	Hofstra University 9/76 - 5/80
MEDICAL:	New York Medical College 9/80 - 6/84
INTERNSHIP:	Baystate Medical Center 7/84 - present time

Gwilym Parry, M.D.
759 Chestnut St.
Springfield, MA 01107
RESIDENT

BORN:	June 18, 1949
PREMED:	University of Denver, Denver Colorado 1968-73
MEDICAL:	University of Colorado School of Medicine 1975-81
INTERNSHIP:	Georgetown University D.C. General Hospital 7/82 - 6/83
RESIDENCY:	Baystate Medical Center 7/83-present time

Irene M. Barzilai, M.D.
759 Chestnut St.
Springfield, MA 01107
RESIDENT

BORN:	August 26, 1955
PREMED:	University of Pennsylvania 1973-78
MEDICAL:	Temple University, Philadelphia 1979-83
INTERNSHIP:	Baystate Medical Center 1983-84
RESIDENCY:	Baystate Medical Center/Radiology Department 7/84-present

Patrick F. Caulfield, M.D.
691 College Highway
Southwick, MA 01077

BORN:	October 4, 1944
PREMED:	St. Anselm's College New Hampshire 1971-74
MEDICAL:	University of New Mexico, Albuquerque 8/74 - 5/78
INTERNSHIP:	Medical Center Hospital Burlington, VT 7/78 - 7/79
RESIDENCY:	Medical Center of Vermont 8/79-7/81
SPECIALTY:	FAMILY PRACTICE

COMPUTER SHOW

May 1, 1985 - Springfield Civic Center

Hampden District Medical Society will sponsor a PROFESSIONAL DAY on Wednesday, May 1, 1985 from 12 noon to 3:30 p.m.

ADMISSION IS FREE

BUT PRE-REGISTRATION IS A MUST

A brochure will be mailed to all physicians at their business address. Members of office staffs are welcome. Other area health professionals will also be invited. Seating is limited - please pre-register early.
EXHIBITS OPEN AT 9:00 a.m. The following program will be presented:

MAY 1,12 NOON "Medical Office Automation Seminar"

Management Systems, Inc. Agawam, MA
Mr. Jerry Murray, Sales Manager.
Mr. Curtis Alheim, N.E. Reg. Manager, Computone Systems
Some things that can be gained by office automation:

1. to reduce accounts receivables by 20-50%
2. submit multiple insurance forms by inputting the information only once.
3. electronic claim submission.
4. access medical hotlines.
5. reduce pending, outstanding and rejected insurance claims.
6. appointed scheduling.
7. provide instant answers to the patients three most common questions;
   a. What's my balance?
   b. Has my insurance been submitted?
   c. Has the insurance paid you yet?
8. Word processing.

1:15 pm "Determining Computer Needs"

Deborah J. Scheafer, CPA, Business Systems Consultant
How to evaluate current and future business procedures, how to evaluate those procedures in terms of a computer system; What would be the criteria to make it worthwhile, what your office should have to make a system work, what are the benefits/pitfalls?

2:30 pm "The Pros and Cons of In-house VS Service Bureau Office Billing"
"New Software applications for the Medical Office"

DESCO CORP., Hank Holbrook, Medical Assistance Manager Presents:
Mr. Bruce Barnhart, Medical Consultant
Mr. Charles Therien, Practice Management Consultant

"He flourished during the first half of the 20th century."

The American physician isn't extinct. But your freedom to practice *is* endangered. Increasing government intervention is threatening the quality of medicine—and your right to function as an independent professional. The government, responding to cost containment pressures from myriad sources, has taken a more active role in legislating reimbursement methods, payment levels and even access to care.

In your fight for survival, the American Medical Association is your best weapon. The AMA is the most influential force in health care. No other organization can so effectively reach the national policy-makers who will help determine your future and the future of medicine.

Join the AMA. We're your voice in Washington. And we're fighting for you—and your patients.

For more information, call the AMA collect (312) 645-4783, or return this coupon to your state or county society.

The American Medical Association

535 North Dearborn, Chicago, Illinois 60610

Please send me membership information.

Name _____

Address _____

City _____ State _____ Zip _____

County _____ ☐ Member, County Medical Society

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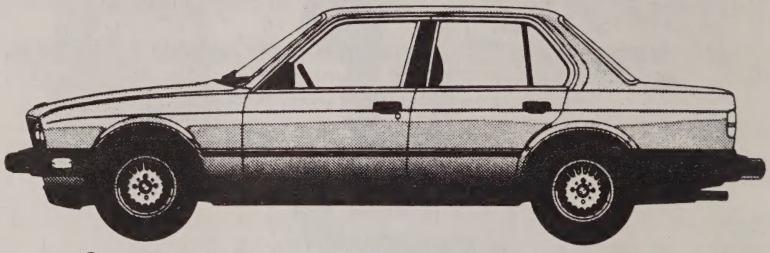

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